

## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 BLACKFORD CO HEALTH DEPT 506 E. VAN CLEVE HARTFORD CITY, IN 47348 (765) 348-4317

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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7.24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name				Telephone Number	Date of Ir	rspection ID#
IROS41'S				260 251	(mm/dd/y	
Establishment Address (number and street, city, state, ZIP code)				( )2603	5/1	4/25 5
659 WHUNTINGTON RI) MONTRELIER 2003						
Owner				Purpose:	Follow	up Release Date
CALEB DAY				1. Routine	N	5/24/25
Owner's Address				2. Follow-up	Summa	ry of Violations:
829 4 W 300 N / FUNUILLE				3. Complaint		
Person in Charge  ALER DAY				4. Pre-Operational	C NC R	
Responsible	Person's	E-mail	A self self self self self self self self	5. Temporary	Menu T	ype (See back of page)
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Certified Fo	od Handle	r	visa les il lug ili gi babrilari (parcel in prisgili (prette)	7. Other (list)	12	23_ <del>X</del> _45
CAL	58	D	AY EXP 2/3/2030			
• CRITICAL	ITEMS AR	E IDENT	TIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"		
• VIOLATION	N(S) REPE	ATED FI	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" AT	ND IN THE	NARRATIVE BELOW AS "R"
Section#	C/NC	R	Narrative			To Be Corrected By
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	OR PO GICETO					
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Cur	2	Day	Owner	Inspected by (signature):	DIV	
Received by (signature):  Inspected by (signature):						
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